The Medical Conditions Management Plan (MCMP) has been designed to assist in meeting Regulation 90 of the Education and Care Services National Regulations.

**The MCMP form is to be typed and completed by the CD/AD in consultation with parent/ or guardian.**

**Note-Centre staff will need to insert the printed State Diabetes Action Plan into the printed MCMP-Diabetes.**

**What information do you need to complete a MCMP-Diabetes form?**

A letter or other medical document that has been completed and signed by a registered medical practitioner. The document should identify:

* what may cause / trigger a medical episode or an emergency.
* what the signs and symptoms are.
* what medication is to be administered and the dosage required.
* what actions are required in an emergency.

**You may ask the parent/ guardian for additional information such as:**

|  |  |  |
| --- | --- | --- |
| * Will specialist equipment be needed at the centre?
 | * What is involved with the specialist diet?
 | * Are there any activities that the person cannot undertake?
 |

**Why do staff need to complete a MCMP-Diabetes if the parent or staff have provided a letter from the Doctor?**

A signed Diabetes form or specialist letter provides details about the condition, medication and emergency action plan. **The MCMP-Diabetes is completed by centre staff in consultation with the parent/guardian** as the centre is responsible for developing a communication and risk minimisation plan per Regulation 90. A MCMP Diabetes form also assists in:

* Complying with Regulation 90.
* Meeting National Quality Standard- Quality Area 2.1.2 - Children’s health and safety
* It reduces the chances of the diagnosed medical condition developing into a medical emergency.
* Improves communication processes between parent/guardian and centre staff.

**Do my staff need additional training for a child or staff member with Diabetes?**

**Yes**. Review thePractice and Inclusionintranet page and contact the Practice and l Inclusion team for further information regarding training and funding.

Staff training should be provided by a qualified Diabetes training provider, Diabetes peak body or medical professional. If a new enrollment, staff training should be completed before the person can start attending the centre. **Parents can provide training in the use of specialised equipment associated with the delivery of insulin.** Parents must provide User Manuals for equipment or medical fact sheets.

**When should you review MCMP Diabetes form or staff training requirements?**

MCMP-D must be reviewed annually or when parents provide a new medical document, there is an incident at the centre, there are changes in the equipment, changes in the condition or changes in the method to deliver insulin.

Staff training needs to be considered whenever there has been a change in the equipment or method to deliver medication, the child has transitioned and there is insufficient trained staff whilst the child is at the centre.

**The diagram outlines the process flow in the management of diagnosed medical conditions.**

Further information can be found by contacting the Practice and Inclusion or the Safety, Health and Wellbeing team on 1300 376 583 or email safework@goodstart.org.au.

**Centre Communication Plan**

This checklist is to be completed by centre staff prior to the person diagnosed with Diabetes attends the centre. **Centre staff can only administer insulin using an insulin pen device or insulin pump.** Staff are not permitted to draw up medication into a needle/syringe and inject insulin.

**Name** Name. **DOB** Click to enter date.

**Parent’s/Guardian responsibilities** (**Select the box once completed - Do not select the box if it is not applicable**)

[ ]  To provide the centre with Medical Document/Diabetes Management/Action Plan signed by a registered medical practitioner.

[ ]  Provide all equipment as indicated within the Diabetes Action/Management plan whilst the child is at the centre.

[ ]  To provide centre staff with the required pharmacy labelled prescribed insulin and any medication as per the medical practitioner’s documents.

[ ]  Provide a food management plan.

[ ]  Provide a labelled Hypo Kit during attendance periods (If stated on the Diabetes Management / Action Plan).

[ ]  Provide the centre with manufacturers written instructions and safety manuals for any specialised equipment.

[ ]  To inform the CD of any changes to the treatment and management of the medical condition.

[ ]  Contribute to the Medical Conditions Management Plan-Diabetes communication and risk minimisation plan.

**Centre responsibilities** (**Select the box once completed - Do not select the box if it is not applicable**)

[ ]  To provide the Parents/Guardian/ with the Medical Conditions Requirement.

[ ]  Plan a meeting with the parents and associated centre staff to discuss the methods to manage the condition.

[ ]  Enter the child’s details into the Childcare Management System (CCMS) (for children only).

[ ]  Upload medical documents into the Childcare Management System (CCMS) (for children only).

[ ]  CD/AD has reviewed the NQS6 Inclusion Support Procedure.

[ ]  Centre Cook and those responsible for the preparation of food have been informed of the condition and implemented changes as required.

[ ]  Specialised Diabetes training has been organised and provided to associated centre staff, cook and food handlers by a Diabetes specialist or accredited RTO. (Parents are authorised to provide training in the method of undertaking Blood Glucose Testing and the delivery of Insulin only) Staff are not authorised by Goodstart to draw up and inject insulin via a syringe.

[ ]  An MCMP-Diabetes form has been completed in consultation with the parent/guardian or staff member.

[ ]  Child’s Summary Card (CSC) has been created and distributed to the rooms and kitchen.

[ ]  The MCMP-Diabetes form has been distributed to the kitchen and rooms.

[ ]  Centre First Aid Officer has been informed of the condition and location of the person’s medication and equipment.

[ ]  Centre Leadership Team to implement communication strategies to ensure that relevant staff, including casuals and students are informed of the medical condition.

[ ]  Staff have been informed of the location of insulin and administration methods.

[ ]  Staff informed of the location of Hypo Kit and any additional equipment associated with the Diabetes condition.

[ ]  Senior Educator or ECT to inform relevant contractors of the medical conditions within the room.

[ ]  Peer support strategies- Staff to develop and implement peer support strategies. (as applicable to the age group)

[ ]  List any specific parent communication requests Click to enter text

|  |  |  |
| --- | --- | --- |
| Centre Director Name**:** Click to enter Name. | Date completed:Click to enter date. | **Signature:**  |
| Parent/Guardian NameClick to enter Name. | Date Completed Click to enter date. | **Signature:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Persons Name:** Persons Name. | **DOB**:Click to enter date. | **Room** Click or tap to enter text. | GoodstartCentre Name. |
| Medicine Location:Location. | Medicine Expiry date:Click to enter date. | MCMP-D completed: Click to enter date.  | MCMP-D review:Click to enter date. |
| **Diabetes Type**Choose an item. | **Insulin delivery** Choose an item. | **Hypo Symptoms:**HYPO-Symptoms | **Action Plan** Click to enter Action Plan as per medical document. |  |
| **Hyper Symptoms**HYPER-Symptoms | **Action Plan**Click to enter Action Plan as per medical document. |
| **Min** BGL is Click to enter text. Mmol/L | **Max** BGL is Click to enter text. Mmol/L | **Actions plan if BGL’s are above or below these BGL** Click to enter text. |
| What are the symptoms of being unwell? Click to enter textDoes the child require Blood Glucose Check or insulin before or after exercise? (if yes) Click to enter text Is the child able to tell a staff member when they are unwell? Choose an item  |
| Additional comments as per Diabetes Management/Action Plan: Click to enter text |
| **What time does your child require blood glucose check?** | **What times is insulin required to be administered?** |
| AM/PM | AM/PM | AM/PM | AM/PM | AM/PM | AM/PM |
| AM/PM | AM/PM | AM/PM | AM/PM | AM/PM | AM/PM |
| Additional times: Click to enter text | Additional times: Click to enter text |
| **Parent / Guardian Authorisation and Release:** I give my authorisations for the employees of this service to administer **insulin** to my child as outlined above. I understand this information may be released to emergency personnel in the event of an emergency. Parent / Guardian Name/s Click to enter text. Signature/s ………………………………………………….………………………….…Click to enter a date.  |
| **Emergency Contact 1.** Name: Name. Mobile: Mob Number. Home: Phone W: Phone **Emergency Contact 2.** Name: Name Mobile: Mob Number. Home: Phone W: Phone |

**Intentionally Blank page:**

This is where the Centre is to place/insert the State Diabetes Action Plan / Management Plan that has been provided by the parents here.

All staff are to have access to these Diabetes Action / Management Plans

|  |
| --- |
| **Daily Blood Glucose testing (Print for weekly use)** |
| Persons Name: Click to fill in Name | DOB Click to enter date. | Room Click or tap here to enter text. | Week commencing Date Click to enter a date. |
| **Morning BGL reading (Parent to Supply):**Click or tap here to enter text. | **Minimum BGL** Click or tap here to enter text. | **Max BGL reading** Click or tap here to enter text. |
| **Date** | **Time****BGL****Check** | **BGL Reading** | **Give****Insulin**If Insulin is given, you mustcomplete administration details. | **Time and Food Consumed / Number of Carbohydrates**  |
| **Morning Tea** | **Lunch** | **Afternoon Tea** | **Snack** |
| Time: | **Food type/number of Carbs** | Time: | **Food type/number of Carbs** | Time: | **Food type/number of Carbs** | Time: | **Food type/number of Carbs** |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |  | [ ]  Yes [ ]  No |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

**Note: If insulin is required to be delivered then the Administration details section must be completed**

|  |  |  |
| --- | --- | --- |
| **Administration Details** (Staff please print)

|  |  |
| --- | --- |
| **Name of child**: Name  | DOB Click here to enter a date. |

Staff acknowledge: I confirm this medication has been administered and witnessed in accordance with this consent form and the Administration of Medication to Children Procedure.  |
| Date Given | Time Given | Dose Given | Administrator name | Signature | Witness name | Signature | Parent Guardian Signature |
| First Name  | Family name | First Name  | Family name |
|       |       |       |       |       |       |       |       |  |  |
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| **MCMP - Diabetes - Risk Minimisation Plan** (Select the box once completed - Do not select the box if it is not applicable) |
| **Persons Name:** Name. | **Surname:** Surname. | **DOB:** Click here to enter a date. | **Room:** Room. |
| [ ] Parents have provided labelled Hypo Kit.[ ] Parents informed that the required medication and testing equipment MUST be at the centre during the child’s attendance.[ ] Insulin is readily available in a designated medical storage area.[ ] Relevant Centre staff have undertaken recognised diabetes awareness training.[ ] Relevant staff have been provided training in the delivery of insulin.[ ] Relevant staff have been provided training in the use of BGL testing.[ ] CD has ensured that Staff First aid qualifications are current.[ ] CD to inform Cook and Centre Leadership Team (CLT) of the Diabetes condition.[ ] Centre staff to discuss and record the medical condition at the next staff meeting. | [ ] Parents have been provided access of the centre menu for review.[ ] CLT / Senior Educator or ECT and parents to review and implement any agreed strategies as per the State Diabetes Management/Action Plan[ ] Senior Educator/ECT to inform room staff of the condition prior to first day attending the centre[ ] CLT have implemented specific risk minimisation strategies stated by the medical practitioner. Click to enter Dr’s requirements[ ]  Parent specific Risk minimisation request Click to enter parent request[ ]  Additional Centre risk minimisation strategies. Click here to enter text.[ ] Personal Emergency Evacuation Plan (PEEP) has been developed (if req’d) |
| **Extra Supplies provided by the parent for Diabetes at the centre (Tick as required)** |
| [ ] Finger Prick device | [ ] Blood Glucose meter | [ ] Blood Glucose Strips | [ ] Blood Ketone Strips | [ ] Hypo Food | [ ] Sport Activity food |
| [ ] Pump infusion sets and lines | [ ] Reservoirs | [ ] Inserters | [ ] Batteries (for insulin pump) | [ ] CGM sensor | [ ] Pen-Insulin |

I, the Centre Director have read, understood and confirm that the above risk minimisation strategies will be implemented, monitored and reviewed as per the MCMP-Diabetes form, relevant Goodstart Early Learning Requirements, Procedures and relevant Legislative requirements.

**Centre Director Name:** Click or tap here to enter text. **Signature**:       **Date**: Click here to enter a date.

The parent/guardian or staff member **DOES / DOES NOT** consent to have this Medical Conditions Management Plan - Diabetes displayed openly within the room.

The parent/guardian or staff member **DOES / DOES NOT** authorise centre staff to administer the required insulin / medication.

The parent/guardian or staff member **DOES / DOES NOT** approve the release of this information to supervising staff and emergency personnel if required.

**Parent/Guardian Name:** Click or tap here to enter text. **Signature:**       **Date:** Click here to enter a date.

**Staff acknowledgement:**

Name Name. Date of Birth Click here to enter a date.

Additional staff training required Yes [ ]  No [ ]

By signing this document, you acknowledge that you:

1. Have read and understand the Diabetes Record and associated Diabetes Action Plan.
2. Are accountable and responsible to ensure the risk minimisation strategies associated with this child’s medical condition are followed and continually reviewed.
3. Have been provided with training to manage the condition.
4. Are subject to disciplinary action if you fail to implement the risk minimisation strategies.
5. Are responsible for keeping this child safe.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff name & surname | Position | Signature | Date | Date of Training. |
| Name | Position e.g., CD |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Name | Position e.g., AD |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Name | Position e.g., AD |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Name | Position e.g., AD |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Name | Position e.g., AD |  | Click or tap to enter a date. | Click or tap to enter a date. |
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